## PATENT APPLICATION FEE DETERMINATION RECORD Effective December 8, 2004

9/964086

| CLAIMS AS FILED - PART I SMALL ENTITY OTHER THAN |  |   |                        |                                      |  |                  |   |                      |                        |      |                     |                          |
|--|--|---|------------------------|--------------------------------------|--|------------------|---|----------------------|------------------------|------|---------------------|--------------------------|
|  | •  | CLAIMS A                                  |                        |                                      |  |                  |   | SMALL ENTITY         |                        |      | OTHER               | THAN                     |
| TOTAL CLAIMS                                     |  |   | (Columi                | (Column 1)                           |  | (Column 2)       |   | TYPE [               |                        | OR   | SMALL               | ENTITY                   |
| TOTAL CLATING                                    |  |   | ļ                      |                                      |  |                  |   | RATE                 | FEE                    | ]    | RATE                | · FEE                    |
| FOR  |  |   | NUMBER FILED           |                                      | NUMBER EXTRA                                 |                  |   | BASIC FE             | 150.00                 | OR   | BASIC FEE           | 300.00                   |
| TOTAL CHARGEABLE CLAIMS                          |  |   | ninus 20=              |                                      | •  |                  |   | X\$ 25=              | -                      | OR   | X\$50=              |                          |
| INDEPENDENT CLAIMS                               |  |   |                        | inus 3 =                             | •  |                  |   | X100=                |                        | OR   | X200=               |                          |
| MULTIPLE DEPENDENT CLAIM PI                      |  |   | PRESENT                |                                      |  |                  |   | +180=                | <b> </b>               | 1    | +360=               |                          |
| • [  | f the differenc                                | e in column 1 is                          | less than z            | ess than zero, enter "0" in column 2 |  |                  |   | TOTAL                |                        | OR   | L                   |                          |
| CLAIMS AS AMENDED - PART II                      |  |   |                        |                                      |  |                  |   | IOIAL                | <u> </u>               | JOR  | TOTAL               | THAN                     |
| (Column 1)                                       |  |   | (Column 2)             |                                      |  | (Column 3)       |   | SMALL                | ENTITY                 | OR   | SMALL               |                          |
| AMENDMENT A                                      | 12/20/04                                       | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                        | HIGHE<br>NUME<br>PREVIO<br>PAID F    | BER  | PRESENT<br>EXTRA |   | RATE                 | ADDI-<br>TIONAL<br>FEE |      | RATE                | ADDI-<br>TIONAL<br>FEE   |
|  | Total  | 1. 48                                     | Minus                  | 4                                    | <u>3                                    </u> | =                |   | X\$ 25=              |                        | OR   | X\$50=              |                          |
|  | Independent                                    | ENTATION OF M                             | Minus                  | ENDENT                               | <u> </u>                                     | = /              |   | X100= ·              |                        | OR   | X200=               |                          |
| <u></u>  |  | ENTATION OF N                             | OCTIFICE DE            | PENDENI                              | CLAIM  |                  |   | +180=                |                        | OR   | +360=               |                          |
|  |  | •   |                        | ٠                                    |  |                  | _ | . TOTAL<br>DDIT, FEE |                        | OR   | TOTAL<br>ADDIT. FEE |                          |
| (Column 1) (Column 2) (Column 3)                 |  |   |                        |                                      |  |                  |   |                      |                        |      | AUDII. FEEL         |                          |
| _  | 1  | CLAIMS                                    |                        | HIGHE                                | ST   | (Columnit o)     | Ī |                      | ADDI-                  |      |                     | 4001                     |
| AMENDMENT B                                      | 62705  | REMAINING<br>AFTER<br>AMENDMENT           | ·                      | NUMB<br>PREVIO<br>PAID F             | USLY   | PRESENT<br>EXTRA |   | RATE                 | TIONAL                 |      | RATE                | ADDI-<br>TIONAL<br>_FEE_ |
| NON<br>NON                                       | Total  | . 48                                      | Minus                  | ** 4                                 | 8  | = /              | · | X\$ 25=              | <u> </u>               | ØŔ   | X\$50=              | /                        |
| ME   | Independent                                    | . 9                                       | Minus                  | ***                                  | 7  | =                |   | X100=                |                        |      | X280=               |                          |
| ٧  | FIRST PRESE                                    | NTATION OF ME                             | LTIPLE DEPENDENT CLAIM |                                      |  |                  |   |                      | $\overline{}$          | OR   | 700-                |                          |
|  |  |   |                        |                                      |  |                  |   | +180=                | (                      | OF   | +360=               |                          |
|  |  |   |                        |                                      |  | :                | A | TOTAL<br>DDIT. FEE   |                        | OR , | TOTAL<br>ADDIT. FEE |                          |
|  |  |   |                        |                                      |  |                  |   |                      |                        |      |                     |                          |
| MEN  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                        | HIGHE<br>NUMBI<br>PREVIOL<br>PAID FO | ER<br>JSLY -                                 | PRESENT<br>EXTRA |   | RATE                 | ADDI-<br>TIONAL<br>FEE |      | RATE                | ADDI-<br>TIONAL<br>FEE   |
|  | Total  | •   | Minus                  | **                                   | _  | =                | ; | X\$ 25=              |                        | OR   | X\$50=              |                          |
|  | Independent                                    | 4   | Minus                  | ***                                  |  | =                |   | X100=                |                        | OR   | X200=               |                          |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                        |                                      |  |                  |   |                      |                        |      |                     |                          |
|  |  |   |                        |                                      |  |                  | L | +180=                |                        | OR   | +360=               |                          |
|  |  |   | -                      |                                      |  |                  |   |                      |                        |      |                     | `                        |
|  |  |   |                        |                                      |  | •                |   |                      |                        |      |                     |                          |
|  |  |   |                        |                                      |  |                  |   |                      | •                      |      |                     |                          |